

**Pennington County
Chemical Dependency Programs
For Adolescent Youth**

A Needs Assessment

Prepared For

**South Dakota Department of Human Services
Division of Alcohol & Drug Abuse**

By

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This report is the responsibility of the Chiesman Foundation and does not necessarily reflect the views of the South Dakota Department of Human Services Division of Alcohol & Abuse or any program who participated in the study. It is a synthesis and analysis of the data collected by the Foundation in an attempt to answer a series of specific questions about chemical dependency programming in Pennington County. The report is based on the views of those who contributed their thoughts and ideas and are not necessarily of the organization they represent.

Pennington County Chemical Dependency Needs Assessment The Interview of Service Providers - 2003

Executive Summary

In the fall of 2003, 22 individuals representing 20 organizations and agencies that provide adolescent substance abuse and use prevention, intervention, and treatment services in Pennington County were interviewed. The findings outline the quality of services being provided, the concerns and barriers in meeting the needs of chemical dependent adolescents, and suggestions for improving services to youth. The intent of the study was to document perceptions, beliefs, and practices by professional practitioners regarding the adolescent chemical dependency needs for Pennington County. The information gathered provides one source of evidence based on a collected voice for determining future public policy and direction in the Pennington County area. Additional data is required for any decision-making process, but the voice of the practitioners in this study serve as a validation of information collected from other sources.

Some of the major findings in this study include:

- Continual support for family involvement in the intervention and treatment of youth with chemical dependency issues;
- Assuring an adequate funding stream to support quality prevention, intervention, and treatment programs;
- Reducing the gap between chemical dependency screening and assessment and placement in treatment and followup care (e.g., there were 541 chemical dependency assessments in the one-year report period but only 159 adolescents were sent to treatment.);
- Developing a secured and well designed tracking system for youth involved with chemical dependency to assure appropriate care and followup;
- Create opportunities and alliances for service providers and agencies to collaborate and communicate about the needs and resources available to serve chemical dependent youth;
- Educating the public about the substantial drug and alcohol issues within the community and providing information on how citizens can help;
- In a 2002 survey of high risk youth in Rapid City, 66.7% reported using alcohol, 16.0% reported using drugs, and 44.0% reported using marijuana in the past thirty days;
- Improving the referral system so that all agencies and service providers can help in meeting the needs of the court system, schools, and families;
- Providing professional and staff development opportunities to keep current on chemical dependency topics and strategies.

Overview

The purpose of this study is to identify Pennington County's needs for improving, expanding, and sustaining prevention, intervention, and treatment programs that focus on the reduction and elimination of substance use and abuse among all youth. The sources of the information and data gathered for this study was obtained from current providers and practitioners who have direct experience and work with early adolescent and adolescent youth. The data was collected in October and November of 2003 using an interview script developed by a steering committee interested in answering specific questions about current chemical dependency programming within Pennington County.

There is a common understanding about adolescent development that it is a time of experimentation and testing of authority. During this period many youth are exposed to alcohol and drugs and give in to the curiosity or temptation of trying the chemicals with the potential for mental, psychological, and physical harm. In Pennington County, the *Institute for Educational Leadership & Evaluation* (Usera & Jenkins, 2002) surveyed adolescents age 14 to 18 in the Rapid City Area School District and found that:

- 40.4% have used tobacco products in the past 30 days;
- 51.2% have used alcohol in the past 30 days;
- 7.8% have used illegal drugs in the past 30 days; and
- 28.5% have used marijuana in the past 30 days.

When the high risk youth are isolated from this analysis, the percentages of use increase to 60.0% for tobacco, 66.7% for alcohol, 16.0% for drugs, and 44.0% for marijuana. The identified high risk youth are based on risk factors documented in research studies (Crowe & Sidney, 2000; Hser et al., 1999; Gordon, 2000; Foxhall, 2002) that have linked high substance use to chemical dependency and related judicial problems. The *South Dakota Youth Risk Behavior Survey* (Schubot, 2001) reported that in the past 30 days that 33.1% of the adolescent respondents used tobacco, 50.2% used alcohol, 3.1% used drugs, and 18.4% used marijuana.

The large difference between the self-reported substance users within the state and Rapid City serves as a major concern for all the citizens interested in the development of healthy citizens. The large number of adolescent referrals for alcohol and drug assessment, intervention, and treatment is an indicator of the impact of current substance use and abuse.

This study focuses on what action should be considered for public policy and agencies working on chemical dependency issues in order to arrest the growing problem of substance use, substance abuse, and related criminal activities.

Methodology

There were 22 individuals interviewed representing 20 organizations and agencies that provide adolescent substance abuse and use prevention, intervention, and treatment services in Pennington County. Table I shows the distribution of services by the participating agencies. The majority of the organizations (21.4%) are involved in early intervention programming while the smallest number provided clinically managed residential detoxification (2.4%) and low intensity residents (2.4%). Twenty-six percent (26.2%) of the participants were employed by governmental agencies.

Table I				
Chemical Dependency Programs & Agencies				
<i>Type of Service</i>	<i>Type of Organization</i>		<i>Number</i>	<i>Percent</i>
	<i>Government</i>	<i>Nonprofit</i>		
Clinically managed residential detoxification	1		1	2.4%
Clinically managed low intensity residential		1	1	2.4%
Medically monitored intensive inpatient		2	2	4.8%
Intensive outpatient treatment		4	4	9.5%
Intensive inpatient treatment		2	2	4.8%
Day treatment program		2	2	4.8%
Outpatient services program		8	8	19.0%
Early intervention program	3	6	9	21.4%
Prevention	2	6	8	19.0%
Judicial/Corrections	5		5	11.9%
Totals	11	31	42	100%

The interview script included 15 questions about the concerns, the state of services being provided, and the needs of the agencies and organizations addressing adolescent chemical dependency (Appendix A). Additionally, the agencies were asked to provide data about the number of individuals served from July 1, 2002 to June 30, 2003. The quantitative data focused on the number and type of referrals, the number of assessments, and other related services (Appendix B).

In this study **prevention** programs are defined as those activities that provide information, education, skills training and referrals for chemical use and abuse issues and problems for families, educators, professionals, and others. In addition prevention programming serves as a clearinghouse and resource for information about addiction, alcoholism, recovery, and other chemical dependency issues. **Intervention** programs are those activities that involve chemical dependency screenings, assessments, referrals to treatment, and other action that assist the youth in addressing chemical dependency problems. Early intervention services “explore and address any problems or risk factors that appear to be related to use of alcohol or other drugs and that help the individual to recognize the harmful consequences of inappropriate use” (American Society of Addiction Medicine, 1996, p. 185). **Treatment** programs are those activities that are clinically monitored for the detoxification and elimination of chemical dependency by an individual. Usually these programs have a definite time period with regulated protocols and expectations. It is “the application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive or injurious to health; or to restore appropriate levels of physical, psychological, and social functioning” (p. 188).

Findings

Concerns

The concerns expressed by the interviewees are those attributes or factors that they believed or perceived contribute to the formulation of a problem or issue that may or may not be readily solvable but still require special attention or resources. In this light, the interviewees were asked "what are some of the major concerns for their organization and other agencies in serving adolescent chemical dependency?" The responses focused on the family, available resources, and agency referrals. In summary the interviewees indicated that:

- Adolescent chemical dependency is symptomatic of dysfunctional families.
- There is a lack of good parental modeling since many are chemically dependent, abuse and neglect their child(ren) and do not emphasize the importance of education, and provide adequate housing, food, and clothing for their child(ren).
- Many of the youth raise themselves and try to be self-sufficient.
- There is a minimal amount of family involvement when youth are identified with chemical dependency problems.
- Title XIX and health insurance companies do not provide enough financial support so that youth can receive quality and expanded care.
- There is very little followup of youth once they have been dismissed from an intervention or treatment program.
- There is a lack of adequate transportation and large distances to receive appropriate services.
- Schools are not willing to pay a portion of the intervention and treatment costs for youth, especially those with disabilities.
- Some agencies do not receive any referrals from the court system although they have the capacity and will to help youth.
- There is a high recidivism rate for adolescent chemical dependency.
- There is a substantial drug and alcohol issue with youth and the public does not seem aware of the extensiveness of the problem. The high rate of use and abuse of alcohol, methamphetamine, and marijuana are being ignored by the public in general.

Barriers

The barriers expressed by the interviewees were defined as the perceived social, economic, institutional, and personal factors that prevent an organization or individual from achieving specific goals. Usually, the removal of barriers requires extraordinary changes or efforts by an individual or an agency. So interviewees were asked "What are some of the major barriers they see for their organization or other agencies when serving adolescent chemical dependency?" Some of the barriers noted by the respondents were:

- The existence of insufficient funding or reimbursement for services needed for comprehensive treatment of adolescents.
- Medicaid, Title XIX, and private insurance companies do not work together or are reluctant to pick up the costs of intervention and treatment.
- There are assumptions about the treatment and intervention strategies for different ethnic groups (especially American Indian and Latinos) and not asking the right questions of the families.
- There appears to be a lack of parental involvement and followup due to a poor tracking system and apathy on the part of family members.
- Not being able to spend enough time with each youth due to costs and the limited availability of qualified human and physical resources.
- There is lack of knowledge by individuals and families about the level of chemical dependency problems within their communities and schools.
- Difficulties exist in the transportation of youth to receive appropriate treatment and follow-up care as a result of geographical distances and poverty.
- There appears to be some political favoritism and turf issues regarding who receives referrals.
- The difficulty expressed by the majority of respondents was the lack of intensity of adolescent referrals to treatment and followup care.

Issues Regarding Interagency Relationships & Collaborations

All of the respondents reported having a good relationship with other substance abuse and use prevention, intervention, and treatment agencies. The struggles expressed by a few of the organizations focused on the referral process. Some agencies mentioned their high case load while others had resources and space available. This apportionment of cases was troubling to a few agencies who were unaware of any reasons for not using their resources and services to full capacity. Some external factors included:

- There are some turf issues among the service providers, that is, competition for services and funds.
- Physicians and mental health professionals cannot refer a person to chemical dependency services unless the individual is assessed by a certified chemical

dependency counselor.

- There are struggles and challenges with tribal referrals.
- Youth are assigned to one treatment protocol, but may not get all their needs met due to the lack of coordination and collaboration among all the health and social service agencies.
- Sometimes there is poor performance by certain personnel which in turn reflects on the agency as a whole.
- There is a lack of quality followup services by certain agencies.

Successes

Although the respondents expressed some explicit concerns about the chemical dependency prevention, intervention, and treatment activities within Pennington County, they were equally complementary of the work that is currently be performed to help youth and families. There was frustration expressed by the interviewees in that they have documented successful cases, but it is tinted by the number of adolescents who do not get the required services. These are the youth who will return with enhanced problems or escape from receiving appropriate care. In response to the question, "What are some of the areas that are working well for your organizing in serving adolescents?," the following comments were noted:

- The staff is involved in the decision making process so as to provide quality and meaningful service to all youth being served.
- Although some turf issues can get in the way, in general most agencies work together to support family and youth needs.
- Many of the agencies are careful to hire qualified personnel in the areas of chemical dependency, counseling, psychology, and social work.
- There are some excellent advocacy programs that work with families and youth to receive the care and attention required for good mental and physical health.
- There is evidence that most agencies work from family strengths and seek the necessary resources from churches, social service agencies, and other community organizations to help families in need.
- Agencies that completed early screenings and assessments in collaboration with families and other agencies are very useful.

- There is an effort to have more intensive probations with more daily contacts with offenders, more home visits, and involvement in diversion programs (Teen Court).
- Youth have an opportunity to participate in leadership camps (Improv, Youth to Youth, peer mentoring, etc.) and other after-school activities, but does not reach all youth due to a variety of obstacles (transportation, timing, etc.).
- Victims of Crime (VOCA) funds are available to help individuals for three to five sessions.
- There are many prevention activities and programs in the schools, social service agencies, and youth serving organizations.

Improving Services

In order to improve services for all adolescents referred to an organization, the interviewees provided some suggestions. Many of the ideas were linked to building better collaborative relationships through the sharing of information and meeting to discuss common issues and systemic concerns. These ideas included:

- The establishment of a separate detoxification center for youth.
- Making it a legal mandate that parental involvement is linked to adolescent chemical dependency treatment.
- Provide incentives (financial or some other reward) for adolescents participating in intervention programs and followup care.
- Empower the community in helping to raise the youth, providing recognition to organizations and businesses that reach out to youth at risk.
- Use the restorative justice model for working with the perpetrator and the victim.
- Encourage more drug testing of youth by schools, families, and community organizations.
- Provide feedback to other agencies about the effectiveness of specific intervention and treatment strategies.
- Focus on building stronger and healthy families through prevention programming, parental education, and recovery opportunities.
- Establish a collaborative alliance of all agencies working with chemical

dependency to meet regularly to discuss and share local issues for improving services, case management, and tracking of youth and families in need.

- Provide better salaries and benefits for highly qualified staff with education and experience.
- Expand the after-school and advocacy programming to assure that all youth have a safe and healthy place for developing and sharing their personal need.
- Create an environment for better communication and linkage between referring agencies and treatment providers.

The respondents were asked “What are some things that need to be improved upon or changed in order for organizations to be more effective and responsive to the needs of the community?” The responses to this question focused on improving the effectiveness of the chemical dependency organizations and agencies. Therefore the following ideas are based on self-improvement and action that need to be taken for providing quality and responsive services. Some of the ideas are:

- There is a need for more public relations about Soaring Eagle.
- Offer more home-based therapy - provide the intervention in the youth's home.
- The community needs to address social and personal issues such as sexuality, values, ethics and social behaviors.
- Support and expand existing after-school programming that has provide a safe and effective socialization opportunities for youth.
- Expand the detoxification facilities to include new treatment services for youth.
- Change the 24-hour rule for payment of services.
- Expand inpatient services in the Pennington County area.
- Create a methamphetamine specific treatment center.
- Establish a Drug Court and Family Court.
- Promote parental and community responsibility for all youth.
- Establish a more efficient and reliable chemical dependency assessment system.
- Remove the connection between a headcount and funding, focus on the quality and individualization of services provided.
- Improve relationships with schools and provide information about the work being

done in the area of chemical dependency.

- Ongoing education (public awareness) to the public about the drug and alcohol problems within the community.
- Rural areas are underserved and require more attention of the large agencies to help address needs.
- Improved assessment of youth not only regarding substance use and abuse, but mental health, physical health, social, and familial needs.

Type of Services

All the agencies and organizations provided a wide range of services in order to help families and youth. The types of services include prevention, intervention, treatment, social services, assessments, and other family focused programs. Some of the prevention programs include substance use education in the schools, after school programs (Girls Inc., YMCA, Boys Club, Lifeways, etc.), community activities (Red Ribbon, ASAP, etc.) and family focused organizations (churches, 4H, Girls Scouts, Boy Scouts, etc.). Other prevention programs provided by various agencies are parenting classes, workshops on how to interact positively with youth, community forums (South Dakota Issues Forums, National Issues Forums, Center for Restorative Justice, S.A.V.E., Love & Logic Workshops, etc.) and community events.

The intervention programs include Intensive Prevention Programming (IPP), mentoring and advocacy programs, counseling, recovery meetings, substance use screenings and assessments, and diversion programs (Big Brothers Big Sisters, Rural Initiatives, Boys Health Program, Health Connection, Teen Court, Lifeways, etc.). The treatment programs include inpatient and outpatient services that focus on behavioral and attitudinal change toward substance use and abuse, detoxification from substance abuse, and mental health (Soaring Eagle, Timberline, Wellspring, etc.). Sometimes individuals in need of treatment for substance abuse and dependence do not fall exclusively within the purview of the “chemical dependency system.” Youth may appear in any of a variety of service systems, including primary healthcare, mental health, social service, justice, and education. The interviewees were aware of this wide range of referral assignments and services, but did not absolve themselves from the responsibility to help each youth.

Table II shows the distribution of human resources to help youth for each type of

service within the “chemical dependency system.” A high percentage of the reported staff is involved in intervention (28.3%) with the lowest percentage of staff is involved in chemical dependency assessments. These values are associated with the agencies interviewed for this study and do not include other agencies that might be providing prevention or intervention services to youth within Pennington County.

Table II Chemical Dependency Staff & Employees				
<i>Type of Service</i>	<i>Type of Organization</i>		<i>Number</i>	<i>Percent</i>
	<i>Government</i>	<i>Nonprofit</i>		
Assessments	7	24	31	12.6%
Prevention (education, seminars, workshops, etc.)	10	40	50	20.2%
Intervention (counseling, mentoring, etc.)	25	45	70	28.3%
Treatment (in-patient and outpatient)	8	30	38	15.4%
Other: Court Services, direct care staff, aftercare services, probation officer, attorneys	39	19	58	23.5%
Totals	89	158	247	100%

Adolescents Served

Agencies were asked to provide data about the number of adolescents served and referred during the period from July 1, 2002 to June 20, 2003. The purpose of this data was to give the study a perspective about the number of youth involved with the chemical dependency system.

Table III shows that 1,649 youth were referred to one of the participating agencies for one or more services. There were 602 youth (36.5%) that were referred for chemical dependency related problems. There were 525 youth (31.8%) that were referred for mental health counseling and 522 (31.7%) youth were referred to other areas. The youth referred

under the “Other” category included behavior disorders, neglect issues, and physical health problems. Sixty percent (60.3%) of the referred youth were male.

Table III Referrals Received From The Participating Agencies¹ July 1, 2002 to June 30, 2003						
Agency	Chemical Dependency		Counseling (Mental Health)		Other	
	Male	Female	Male	Female	Male	Female
Court Services	279	170	3	5	142	107
K-12 Schools	7	12	10	3	4	2
Alcohol & Drug Agency	10	0	0	0	3	3
Outpatient Treatment Center	5	3	0	0	0	0
Inpatient Treatment Center	4	3	3	2	0	0
Law Enforcement	43	16	0	0	0	0
Physician, Clinic or Hospital	3	2	116	196	0	0
Other	26	19	75	112	261	0
Totals	377	225	207	318	410	112

¹ The data was collected from the interviewees in this study.

The reporting agencies indicated that they referred 431 youth (57.9%) to other agencies for chemical dependency related problems. Forty-six (46) youth (6.2%) were referred to other agencies for counseling. Sixty-four percent (63.6%) of the referred youth were male. Eighty percent of the youth referred under the “Other” category focused on physical health problems.

Table IV shows the number and types of assessments completed in a one year period by the participating agencies. There were 765 assessments completed with 70.7% being alcohol and drug assessments. Forty percent (39.7%) of the assessments were administered to female adolescents. Thirty-seven percent (37.1%) of the assessments were administered to American Indian youth, 56.3% were White youth and 2.8% were Latino/Hispanic adolescents. More females were assessed for mental health problems than boys, while more

boys were assessed for alcohol and drug problems than girls. The results of the data indicate that while 541 youth had chemical dependency assessments (Table IV), only 159 (29.4%) were sent to treatment.

Table IV							
Assessments Completed							
Assessment	Total	Gender		Ethnicity			
		Male	Female	W	AI	L	Other
Alcohol & Drug Assessment	541	357	184	328	177	17	16
Mental Health Assessment	158	70	88	50	97	2	9
Other Assessment	66	34	32	53	10	2	1
Totals	765	461	304	431	284	21	26

Table V focuses on the number of adolescent clients that were involved in a followup, aftercare, or discharge program after participating in a particular program. The agencies reported the number of youth they worked within one of the listed programs. There were 259 youth involved in aftercare or followup programs with 82.2% being related to alcohol and drug care. The 213 youth involved in alcohol and drug after care services included individuals referred from agencies outside the Pennington County service area. Forty-six percent (46.3%) of the aftercare and followup programs were female adolescents. Sixty-six percent (66.4%) of those reported in aftercare were White adolescents, 25.5% were American Indian youth and 4.3% were Latino/Hispanic adolescents. More females had mental health aftercare than boys, while more boys had aftercare than girls.

Table V							
Followup or Aftercare Programming							
Type	Total	Gender		Ethnicity			
		Male	Female	W	AI	L	Other
Alcohol & Drug	213	122	91	142	55	9	7
Psychological or Mental Health	40	17	23	26	9	2	3
Physical or Sexual Abuse	6	0	6	4	2	0	0
Totals	259	139	120	172	66	11	10

Table VI shows the recidivism numbers (headcount) for the various services offered by the participating chemical dependency agencies. This table shows the number of youth who returned to a particular agency for additional treatment or intervention. There were 202 youth were identified as returning clients and who had received services over the course of their life time. Fifty-nine percent (59.4%) of the adolescents were males and 58.9% were American Indian. The majority (64.9%) of the returned clients were involved in drug and alcohol treatment, while 32.2% were involved in truancy or other behavioral problems in school. Based on the reported data the recidivism rate for drug and alcohol treatment or intervention is 21.8%.

Table VI							
Returning Clients - Headcount							
Reason	Total	Gender		Ethnicity			
		Male	Female	W	AI	L	Other
Alcohol & Drug Treatment	131	87	44	49	74	3	7
Psychological or Mental Health	2	1	1	1	1	0	0
Physical or Sexual Abuse	2	0	2	1	1	0	0
Additional Assessments	2	0	2	2	0	0	0
Truancy or school related issues	65	32	33	22	43	0	0
Totals	202	120	82	75	119	3	7

Recommendations

The interviewees were asked what concerns or needs require immediate attention through public policy or agencies responsible for providing support to organizations that address chemical dependency treatment, intervention and prevention. They were consistent in agreeing that if appropriate care is to be made available to all youth who need it then an effective chemical dependency system with adequate resources, high standards of quality, and professional providers with exceptional credentials and education must be a priority. The following sections provide other recommendations proposed by the interviewers.

Programming

- Programs should be designed with a good understanding and foundation of criminology and the criminal mind.
- Prevention and intervention programs that have direct contact with elementary, middle, and high school students (K-12).
- Value the recommendations and referrals of youth by physicians, psychiatrists, psychologists and other professional providers (doctoral level) to chemical dependency agencies and services.
- There is a need for social workers in the school systems to assist in helping and tracking students with personal and family needs.
- Establish a family and drug court to work with youth and families entering the court system for chemical dependency and other related offenses.

Youth Welfare & Assessments

- A secured and well designed tracking system for adolescents who have been referred and treated by chemical dependency agencies.
- Require the use of assessment tools that are objective and research-based.
- Have the assessment reports follow the youth, rather than being kept on file in someone's file or office.
- The case manager should validate an individual's chemical dependency evaluation by using multiple assessment procedures.

- Share the results of an evaluation process with agencies that can provide support and assistance to the youth. When in doubt consult with other chemical dependency agencies or professionals.
- There is a need for improved followup and aftercare for youth released from chemical dependency agencies.
- There is a need for more public awareness of the drug and alcohol problems within the area.

Family Care

- Establish or identify a respite care center for families in crisis and require assistance for the children.
- Require families to participate in their child's intervention and treatment protocol.
- Provide parents with parenting classes and tools for helping their children through difficult and normal times. Without a stable and safe home, youth will resort to joining their friends who provide the support and "family" they need.

Resources

- The billing process should be simplified so that one bill can be processed for all funding agencies especially on the state level. Currently providers have to send separate invoices and meet different billing requirements for Department of Health, Human Services, Social Services, Education, and Corrections.
- Health insurance companies need to recognize chemical dependency as mental health and physiological conditions that require specialize treatment and professional care.
- Make referrals available to agencies providing intervention and treatment services.
- Investigate the funding formulas and procedures for services rendered. Alternatives to helping youth and at the same time recover expenses incurred should be considered rather than one method or procedure fits all.
- Consider home-base intervention and treatment plans where the family and youth can be counseled with appropriate accountability criteria.

Standards

- There is a need for more professional development opportunities for chemical dependency personnel.
- Require more and higher educational and training goals for professional development consistent with accreditation requirements.
- Commission additional studies to determine the reason(s) why students are not in school and are motivated to follow the chemical dependency alternatives.
- Continue with the service and treatment reviews, but take into consideration innovative approaches to intervention and treatment plans.

Conclusion

The problem of substance use and abuse has long troubled Pennington County, South Dakota and the nation. Comprehensive prevention programs have been increasing in schools, workplace, and communities since the early 1980's. In the late 1990's comprehensive research-based prevention programming started to be implemented. Although the sale and consumption of alcohol have been legal for adults, the sale or purchase of drugs such as marijuana, heroin, and cocaine has been against the law for everyone. The challenge has been the high rate of addiction for both adults and youth. A focus on treatment of youth has been a proactive step to reduce abuse and dependency, but it has not been able to resolve the conflicts and problems that contribute to addictions.

Advances in science have shaped the understanding of addiction and have resulted in an array of behavioral and pharmacological interventions. (Simpson, 1999; O'Brien and McLellan, 1996; National Treatment Improvement Evaluation Study, 1999). The difficulty has been the funding to support using research-based treatment strategies. The success of the chemical dependency programs in Pennington County has been commendable, but it has not reached the level of drug and alcohol elimination required for the development of healthy children. The interviewees within this study concur that alcoholism and drug dependence are treatable illnesses. However, public attitudes have not kept up with the advances in the treatment of these illnesses and chemical abuse preventable behaviors. Although each treatment plan is unique for an individual, it is important that the family and other support groups be included for a successful and sustain recovery. The treatment plans needs to take into consideration an array of treatment alternatives with adequate duration in a safe and accessible environment.

The needs outlined in this study are proposed in order to establish a chemical dependency system that effectively connects service, research, school communities, and families together. The system should specifically promote consistent communication and collaboration among all the service providers, institutions, and agencies. Some of the needs expressed by the Substance Abuse and Mental Health Services Administration's *Improving Substance Abuse Treatment: The National Treatment Plan Initiative*. They include:

- Require appropriate screening, assessment, referral, and treatment in all systems serving people with substance abuse and dependence problems.
- Apply a commonly accepted, evidence-based model for the continuum of services and care for substance abuse and dependence across health, human services, justice systems as well as the substance abuse specialty sector.
- Create opportunities and alliances where service providers and government agencies can collaborate.
- Provide funding and technical support to build the organizational capacity of grassroots groups consisting of people in recovery and family members, including such elements as materials, peer mentoring, training, networking opportunities, communications assistance, and conferences.
- Increase total resources available for substance abuse treatment and to reduce associated health, economic, and social costs.
- Develop a standard insurance benefit for substance abuse treatment that provides for a full continuum of appropriate and continuing care to meet the needs of persons with chemical dependency disorders.
- Reimbursement mechanisms should be aligned with treatment goals and should incorporate performance measures and outcome standards to guide resource allocation, as well as rates sufficient to cover reasonable costs and a surplus for support reinvestment.
- Develop and strengthen a comprehensive infrastructure that attracts, supports, and maintains a competent, diverse workforce, reflective of its client populations.
- Improve the competency of a diverse additional workforce by providing didactic, clinical, and experiential education and training based on a core body of the latest evidence-based knowledge.

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Appendix A

Interview Questionnaire

South Dakota State Department of Human Services
Division of Alcohol & Drug Abuse

Interview Questionnaire

1.	Name of person being interviewed:
2.	Position:
3.	Name of agency or organization: DHS Facility #:
4.	<p>Check the type of services provided for adolescents by your organization.</p> <ul style="list-style-type: none"><input type="checkbox"/> Clinically managed residential detoxification<input type="checkbox"/> Clinically managed low-intensity residential (Level III.1)<input type="checkbox"/> Medically monitored intensive inpatient (Level III and Level III.7)<input type="checkbox"/> Intensive Outpatient Treatment<input type="checkbox"/> Intensive Inpatient Treatment<input type="checkbox"/> Core services<input type="checkbox"/> Day Treatment Program<input type="checkbox"/> Gambling Services<input type="checkbox"/> Outpatient Services Program<input type="checkbox"/> Early Intervention Program<input type="checkbox"/> Prevention

5.	<p>Type of organization:</p> <p><input type="checkbox"/> Government</p> <p> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City</p> <p><input type="checkbox"/> Non-profit</p> <p> <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charity <input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Education</p> <p> <input type="checkbox"/> K-12 <input type="checkbox"/> Post-secondary <input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> For Profit</p> <p> <input type="checkbox"/> Health <input type="checkbox"/> Commercial <input type="checkbox"/> Other:_____</p>
6.	What are some of the major concerns for the organization in serving adolescents?
7.	What are some of the major barriers for the organization in serving adolescents?
8.	What are some of the areas that are working well for your organization in serving adolescents?
9.	What would be helpful in improving services for all adolescents referred to your organization?
10.	Has your relationship with referring agencies been acceptable and adequate? If not, what are some of the issues?
11.	Has your relationship with other agencies been acceptable and adequate? If not, what are some of the issues?
12.	<p>How many staff members are qualified to provide direct service to clients?</p> <p>_____ Assessments</p> <p>_____ Prevention (Education, seminars, workshops, etc.)</p> <p>_____ Intervention (counseling, mentoring, etc.)</p> <p>_____ Treatment (in-patient and out-patient)</p> <p>_____ Other</p> <p> List:</p>

13.	What are some things that need to be improved upon or changed in order for your organization to be more effective and responsive to the needs of the community?
14.	What other organizations do you work directly with or collaborate with?
15.	What other needs or concerns require some immediate attention?

APPENDIX B

Data Collection Elements

South Dakota State Department of Human Services

Division of Alcohol & Drug Abuse

Adolescent Data Elements

In order to produce a complete report in conjunction with the interviews of the various service providers, the following data is being requested. It is important that the information be as accurate as possible. The data will be used to substantiate the level of need and use of services within the Pennington County and Black Hills' area.

1. Name of person who completed this form:						
2. Name of agency or organization						
3. How many referrals have you had from the following agencies between July 1, 2002 and June 30, 2003? (An individual may be referred for more than one service.)						
Agency	Chemical Dependency		Counseling		Other	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
<i>Court Services</i>						
<i>School</i>						
<i>Alcohol & Drug Agency</i>						
<i>Outpatient Treatment Center</i>						
<i>Inpatient Treatment Center</i>						
<i>Law Enforcement</i>						
<i>Physician/Hospital</i>						
<i>Other:</i>						
Comments or Clarification:						

4. How many referrals have made to the following agencies between July 1, 2002 and June 30, 2003? (An individual may be referred for more than one service.)

Agency	Chemical Dependency		Counseling		Other	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
<i>Court Services</i>						
<i>School</i>						
<i>Alcohol & Drug Agency</i>						
<i>Outpatient Treatment Center</i>						
<i>Inpatient Treatment Center</i>						
<i>Law Enforcement</i>						
<i>Physician/Hospital</i>						
<i>Other</i>						

Comments or Clarification:

5. ***How many alcohol and drug assessments have you completed for adolescents between July 1, 2002 and June 30, 2003?***

	Gender		Ethnicity			
	<i>Male</i>	<i>Female</i>	<i>AI</i>	<i>W</i>	<i>H</i>	<i>Other</i>
<i>Alcohol or Drug Assessment (Full)</i>						
<i>Mental Health Assessment</i>						
<i>Other Assessment</i>						

Codes: M = Male F = Female
AI = American Indian W = White H = Hispanic or Latino

6. How many adolescent clients were involved in a follow-up, after-care, or discharge from a referral program between July 1, 2002 and June 30, 2003?						
	Gender		Ethnicity			
	Male	Female	AI	W	H	Other
Alcohol or Drug						
Psychological or Mental Health						
Physical or Sexual Abuse						
School or Training						
Corrections or Probation						

7. How many adolescents have returned for the same or different services to your organization between July 1, 2002 and June 30, 2003?						
	Gender		Ethnicity			
Reason	Male	Female	AI	W	H	Other
Alcohol or Drug Treatment						
Psychological or Mental Health						
Physical or Sexual Abuse						
Additional Assessments						
Truancy or school related issues						